

# CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep		Depend		Indep		Depend	
1			/				51							
2				/			52							
3				/			53							
4				/			54							
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7				/			57							
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46				/			96							
47				/			97							
48				/			98							
49				/			99							
50				/			100							
Total Indep			2				Total Indep							
Total Depend			16				Total Depend							
Total Claims			18				Total Claims							